EXHIBIT D

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	Page 1		rage 2
1 2	BOARD MEETING OF IRREGULAR BEHAVIOR COMMITTEE OF SCORE VALIDITY RE: MATHEW THOMAS, JR.	1 2	A P P E A R A N C E S: BOARD OF IRREGULAR BEHAVIOR and COMMITTEE ON SCORE VALIDITY
3		3	GERALD P. WHELAN, M.D., Chairman
5	Wadnesday, December 16th, 2009	4	N. STACY LANKFORD, M.D., Member JOSEPH P. GRANDE, M.D., Member
6 7 8		5	GERALD DILLON, Ph.D., Member, NBME JANET CARSON, ESQUIRE, Counsel to the Board
9 10 11	Transcript of Board Meeting	6	STEPHEN SEELING, ESQUIRE, Member, ECFMG SUSAN DEITCH, Office of the Secretary AILEEN SALUS, Office of the Secretary
12 13 14	of Irregular Behavior, held at the offices of the National Board of Medical Examiners, 3750 Market Street, 2nd Floor, Philadelphia,	7 8	,
15	Pennsylvania 19104, commencing at 2:05 p.m., on	9	
16	the above date, before Joseph P. Dromgoole, a Professional Reporter and Notary Public in the	10	
18 19	Commonwealth of Pennsylvania.	11 12	
20		13	
21 22	CAMBRIDGE LEGAL SERVICES, LLC.	14	
23	1436 Lombard Street Philadelphia, Pennsylvania 19146	15 16	
24	(215) 732-0800	17	
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1	DR. WHELAN: Thank you for	1	have some questions for you and you'll have a
2 `	appearing before the Committee. And I	2	chance to make a final summary statement and
3	apologize for the delay. Everybody	3	then after you leave we'll discuss and come
4	DR. THOMAS: No problem.	4	to a determination and notify you as soon as
5	DR. WHELAN: has had their	5	possible. Okay?
6	full chance to address the Committee, so we	6	DR. THOMAS: Okay.
7	got a little bit behind.	7 8	DR. WHELAN: All right. My name is Gerri Whelan. I'm the chair of the
8	DR. THOMAS: No problem.	9	committee.
9	DR. WHELAN: At the outset I	10	
11	want to clarify that the purpose of this committee is solely to determine the validity	11	
12	of the scores on your recent examination.	12	
13	DR. THOMAS: Okay.	13	The state of the s
14	DR. WHELAN: So I'm going to	14	DR. DILLON: I'm Gerri Dillon.
15	introduce myself and everybody in the room,	15	
16	the staff and the committee members. We will	16	
17	then have you sworn in by the court reporter	17	MR. SEELING: Good morning.
18	so that your testimony will be under oath.	18	
19	Then we'll ask Susan Deitch to read a summary	19	
20	of the concerns regarding your score and then	20	
21	at that point you will have the floor and	21	
22	you'll be able to address the Committee.	22	· · · · · · · · · · · · · · · · · · ·
23	DR. THOMAS: Okay.	23	
24	DR. WHELAN: After that we may	24	office of the secretary.

1 (Pages 1 to 4)

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	Page 5		Page 6
1	DR. CASEY: Catherine Casey	1	cannot certify that they represent a valid
2	from Washington D.C.	2	measure of an individual's knowledge or
3	DR. THOMAS: Mathew Thomas.	3	competence as sampled by the examination.
4	Whereupon, MATHEW THOMAS, JR.,	4	The sponsoring organizations of
5	M.D., was duly sworn and testified as	5	the USMLE program have filed suit in federal
6	followed:	6	court alleging copyright infringement by
7	DR, WHELAN: Susan, please.	7	Optima University, a provider of USMLE review
8	MS. DEITCH: The USMLE program	8	courses. The Complaint sets forth the
9	has established rules to govern the	9	specific allegations with respect to the
10	administration of the examinations to ensure	10	unauthorized copying, reconstruction, and
11	that no examinee or group of examinees	11	distribution of copyrighted USMLE test
12	receives unfair advantage on the examination,	12	questions and answers. While the
1.3	inadvertently or otherwise. The Bulletin	13	investigation into this matter is ongoing,
14	further notes that those rules include	14	information is available that, over a period
15	standard test administration conditions	15	of years, secure USMLE test materials have
16	consistent with the principles on which the	16	been made available to participants in the
17	examinations are developed and scored. For	17	Optima courses. This information raises
18	example, examinations are designed to sample	18	concerns regarding the validity of the
19	knowledge across specified content domains,	19	passing level scores obtained by individuals
20	and unauthorized access to examination	20	who were involved with the Optima courses
21	content prior to testing violates that	21	prior to testing.
22	principle. Scores may be classified as	22	In letters dated July 27th and
23	indeterminate if the scores are at or above	23	September 15th, 2009 Dr. Mathew Thomas was
24	the passing level and the USMLE program	24	advised about the evidence of Optima's
	Page 7		Page 8
	-	1	little background. I had gone to Optima
1	unauthorized access to, and reproduction and	2	University in November because a a friend
2	dissemination of, USMLE test materials and	3	of friend actually had gone to the gym which
3	the evidence of his involvement in Optima	4	which was outside of the building and saw
4	review courses. He was further advised that	5	signs.
5	this information raises concerns about the	6	I have done every review course
6	validity of the passing level scores reported	7	out there. I did PASS program. I did
7	to him for the Step 2 CK taken in December	8	Kaplan, Northwest Medical Review, plus I work
8	2007.	9	for Kaplan. I work for Kaplan as a CS
9	Information regarding	10	instructor on the side, so when I saw the
10	Dr. Thomas' performance on Step 2 CK is found	11	sign for Optima there was one catch there
11	in your agenda books.	12	that said guaranteed passing. And I had went
12	Dr. Thomas has requested the	13	to check out the course. At this point I had
13	opportunity to appear in person before the	14	tried everything else. When I
14	Committee on Score Validity. Following	15	DR. WHELAN: Just to clarify,
15 16	consideration of all the information presented to it, the Committee will determine	16	was that November of '07?
17	whether Dr. Thomas' Step 2 CK scores can be	17	DR. THOMAS: '07, yes.
18	certified as representing a valid measurement	18	DR. WHELAN: Okay.
19	of his competence in the domains assessed by	19	DR. THOMAS: So at that time I
20	Step 2 CK or whether to classify his Step 2	20	went to the course. I saw the instructor
1	CK scores as indeterminate.	21	that was there. I talked to some students
177	CR, Scores as indeterminate.	1	the real water a standard to the life
21	DR WHEI AN Thonk you All	122	there. The students all fold me that it 8 **
22	DR. WHELAN: Thank you. All	22	there. The students all told me that it's it's a good course. It's the environment
1	DR. WHELAN: Thank you. All right, Dr. Thomas. DR. THOMAS: All right, Just a	22 23 24	it's a good course. It's the environment that's good. Pretty much you're put in

2 (Pages 5 to 8)

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	Page 9		Page 10
1	little cubicles and you're required to be	1	either strong for me or strong for them, so
2	there from 7:00 a.m. to 10:00 p.m. every	2	we helped each other.
3	day. It is the structure that I needed at	3	I didn't have too much exposure
4	the time. I was working before. I put the	4	to the bank that they say. I was more
5	work to the side. And I was there for	5	focused on learning the material with other
6	approximately four-and-a-half to five weeks,	6	students who were stronger. If you look at
7	It was around the holiday time, so the	7	my USMLE scores you you were given the
8	holiday times I was not available to go to	8	list. I have failed it five prior times,
9	the course.	9	each time successfully improving my score.
10	I took the exam on December	10	The last time I took it in July I pass - I
11	31st, 2007, having failed the test prior, I	11	failed it by one point. I got a 182/74. And
12	believe July 27th earlier that year.	12	each of my score reports, if you look at the
13	From my experience there, what	13	scoring in the back my weakest area
14	I gained from the course was basically the	1.4	consecutively each time was OB/GYN, was
15	environment to sit and study. All my	15	never and I I started onto the left
16	distractions were taken away. I didn't deal	16	each time (indicating). Only in '06 I was
17	with stuff at home. I wasn't trying to	17	little away from the star, but still it was
18	work. Prior to that I was trying to do my	18	my weakest of all (indicating). So OB/GYN
19	masters while studying for the boards, which	19	became my focus when I went to went to
20	wasn't helping me any. So I was just focused	20	Optima.
21	for the four-and-a-half weeks I was there. I	21	It was actually what I was told
22	was around other colleagues who were also	22	was his his best lecture because the way
23	studying for the same board exam. We did	23	he broke down questions and the way that he
24	have group discussion on topics that were	24	told us how to the theory behind it became
	Page 11		Page 12
1	stronger for me. And the individuals that I		
		1 1	Now the term exposed when I asked her she
1		1	Now the term exposed, when I asked her she
2	studied with, they taught me different ways	2	says that there was knowledge that Optima
2 3	studied with, they taught me different ways of looking at OB/GYN instead of the very	2	says that there was knowledge that Optima University had access to forms of the exam
2 3 4	studied with, they taught me different ways of looking at OB/GYN instead of the very basic, straightforward, you know, these are	2 3 4	says that there was knowledge that Optima University had access to forms of the exam prior to my test in 2007.
2 3 4 5	studied with, they taught me different ways of looking at OB/GYN instead of the very basic, straightforward, you know, these are the diseases and these are the the	2 3 4 5	says that there was knowledge that Optima University had access to forms of the exam prior to my test in 2007. In 2007 he was predominately a
2 3 4 5	studied with, they taught me different ways of looking at OB/GYN instead of the very basic, straightforward, you know, these are the diseases and these are the the infections that you get. It was just	2 3 4 5 6	says that there was knowledge that Optima University had access to forms of the exam prior to my test in 2007. In 2007 he was predominately a Step 1 course (indicating). His Step 2
2 3 4 5 6 7	studied with, they taught me different ways of looking at OB/GYN instead of the very basic, straightforward, you know, these are the diseases and these are the the infections that you get. It was just different in the approach of dealing with	2 3 4 5 6 7	says that there was knowledge that Optima University had access to forms of the exam prior to my test in 2007. In 2007 he was predominately a Step 1 course (indicating). His Step 2 course was very skeletal in the amount of
2 3 4 5	studied with, they taught me different ways of looking at OB/GYN instead of the very basic, straightforward, you know, these are the diseases and these are the the infections that you get. It was just different in the approach of dealing with OB/GYN.	2 3 4 5 6 7 8	says that there was knowledge that Optima University had access to forms of the exam prior to my test in 2007. In 2007 he was predominately a Step 1 course (indicating). His Step 2 course was very skeletal in the amount of questions he had in his bank and the amount
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3 (Pages 9 to 12)

Page 13 percent, I would say less than 20 questions 1 according to the NBME it is. are questions that seem something that I 2 So we go to the flip:	
2 are questions that seem something that I 2 So we go to the flip	Page 14
2 are questions that seem something that I 2 So we go to the flip	200
	side. The
3 caught off guard, that may have been similar 3 flip side of that is the unexpo	sed questions,
to either an USMLEWorld question, or an NBME 4 our 68 percent. Approximate	ely of the 288
5 assessment question, or a Kaplan Obank 5 questions that were used in so	coring me they
6 question, by far less than ten percent. So 6 say that 195 questions were to	unexposed or 196
when she told 32 percent in essence she's 7 if you round up. Of those I g	got 66 percent
8 telling me that 90 plus questions were on my 8 correct, which is about 129 q	uestions.
9 exam that I should I have had exposure to, 9 They're claiming that the con	trol group had
which I do not qualify in any which way and 10 75 percent, which is about 14	46 questions, a
11 under oath. 11 difference of about 17 questi	ions. So they're
Now, the percentage that they 12 saying that the control group	got 17 more
13 claim I received right on that was 84 13 question - 17 questions more	e correct than I
14 percent. 84 percent, meaning that 77 out of 14 did on the overall exam. If y	ou take the
the 92 questions I got right. They decided 15 difference between the two, to	the eight more
16 to compare that against the control group, so 16 that I got in the exposed vers	sus the 17 more
17 I received 75 percent of those questions 17 they got we're looking at a di	ifference of
18 right. In essence they're saying that the 18 about nine or ten questions.	Nine or ten
19 control group had 69 questions right. The 19 questions means 1.1 or 1.12	per block is why
20 difference being they claim in this exposed 20 they're saying that I need to	validate my
21 group I had gotten eight more questions 21 exam.	•
22 correct than the average individual, eight 22 Does anyone have q	nuestions
23 questions being one question per block, 23 about the math?	•
24 nothing that I find to very significant, but 24 DR. GRANDE: Ac	ctually the
	Page 16
Page 15	-
difference would be 25 because it's plus 8 1 Ms. Carson if I could get sor	me king of
2 minus 17. 2 statistical analysis to show w	vnat the
DR. THOMAS: But the plus 8 and 3 question basis was. That wa	is a big major
4 the minus 17 would give you a difference of 4 thing to me. For me I'm here	e at a nearing
5 9. S with the court reporter. I wa	is allowed to
6 DR. DILLON: 25 actually. 6 have counsel. I'm being swo	om under oani.
7 DR. THOMAS: How do you get the 7 And I said give me some dis	covery as to the
8 25? 8 data against me so that I can	see what
9 DR. DILLON: You didn't count 9 you're you're going by and	sne said to me,
the directions or the differences. Also I 10 and quote if I'm wrong, she start the differences are the differences.	said that this is
think it's important that the reason we 11 not a statistical analysis, this	i 15 afi
provide this information I think a key 12 observation. These are observation.	ervations made by
1	Soard, 1 asked
piece of this is the reason we give you 13 individuals in the National E	one said we
piece of this is the reason we give you the comparison group information is to give 13 individuals in the National E her for their qualifications.	1-4
piece of this is the reason we give you the comparison group information is to give you a sense for how unusual your difference 13 individuals in the National E her for their qualifications. don't check their CV. I said	let me get
piece of this is the reason we give you the comparison group information is to give you a sense for how unusual your difference is relative to other people. So, for 13 individuals in the National E 14 her for their qualifications. 15 don't check their CV. I said 16 information for the board. I'	'll contact them
piece of this is the reason we give you the comparison group information is to give you a sense for how unusual your difference is relative to other people. So, for example, your performance of having people 13 individuals in the National E therefore their qualifications. 14 don't check their CV. I said information for the board. I' to find out their qualification	'll contact them n and she says
piece of this is the reason we give you the comparison group information is to give you a sense for how unusual your difference is relative to other people. So, for example, your performance of having people from 18 percent higher than exposed than individuals in the National E don't check their CV. I said information for the board. I' to find out their qualification we're not going to give that if	'll contact them n and she says
piece of this is the reason we give you the comparison group information is to give you a sense for how unusual your difference is relative to other people. So, for example, your performance of having people from 18 percent higher than exposed than unexposed, when you compare the comparison 13 individuals in the National E therefore their qualifications. 15 don't check their CV. I said information for the board. I' to find out their qualification we're not going to give that if you.	'll contact them n and she says information to
piece of this is the reason we give you the comparison group information is to give you a sense for how unusual your difference is relative to other people. So, for example, your performance of having people from 18 percent higher than exposed than unexposed, when you compare the comparison group almost no one had a difference that was 13	"Il contact them n and she says information to stratified
piece of this is the reason we give you the comparison group information is to give you a sense for how unusual your difference is relative to other people. So, for example, your performance of having people from 18 percent higher than exposed than unexposed, when you compare the comparison group almost no one had a difference that was that large. I think that was really the individuals in the National E don't check their CV. I said information for the board. I' to find out their qualification we're not going to give that if you. For me if you had s and told me, well, you know	"Il contact them n and she says information to stratified what, on the
piece of this is the reason we give you the comparison group information is to give you a sense for how unusual your difference is relative to other people. So, for example, your performance of having people from 18 percent higher than exposed than unexposed, when you compare the comparison group almost no one had a difference that was that large. I think that was really the message behind this information. 13 individuals in the National E ther for their qualifications. 15 don't check their CV. I said information for the board. I' to find out their qualification we're not going to give that if you. 20 For me if you had so 21 and told me, well, you know exposed versus the unexposed	"Il contact them in and she says information to stratified what, on the led, medicine,
piece of this is the reason we give you the comparison group information is to give you a sense for how unusual your difference is relative to other people. So, for example, your performance of having people from 18 percent higher than exposed than unexposed, when you compare the comparison group almost no one had a difference that was that large. I think that was really the individuals in the National E don't check their CV. I said information for the board. I' to find out their qualification we're not going to give that if you. For me if you had s and told me, well, you know	"Il contact them in and she says information to stratified what, on the led, medicine, if psych, these are

4 (Pages 13 to 16)

	Page 17	T	Page 18
1	everything is equal across the board	1	(sic). That is comparing me against the
2	across the board you you had scored lower	2	average. Every average is going to have a
3	or higher I could see. Infectious disease by	3	high, it's going to have a low. I've not
4	far is my worst subject. Now, if you're	4	been told where I fall in this. I'm not
5	going to tell me that all the exposed were	5	being told that every single person below
6	not infectious disease and they were part of	6	is below me. I'm not being told that there's
7	the unexposed then that would account for my	7	certain people above me, and if there are
8	lower score. In the same way if my exposed	8	certain people above me are they being
9	was all psych, which is by far my undergrad	9	questioned also.
10	degree, as well as my my most high	10	Now, the point here is that
11	score consecutively in all my scores then	11	they're saying that I was exposed to certain
12	it would make sense that I have a higher	12	questions based on the fact that he may or
13	percentage in my exposed. Without that	13	may not have, and again, this is alleged,
14	information I don't think it's fair for me to	14	again, according to the paperwork that was
15	defend myself. And when I asked for the	15	filed in the courthouses, that it was alleged
16	stratification she said, again, this is not a	16	that has done certain things. They have yet
17	statistical analysis, this is an	17	to prove that case, they have yet to win that
18	observation. So that's one thing.	18	case. So now me and any other student who
19	Now, the thing that kept being	19	sits here is being found guilty before
20	brought up to me was the fact that we're	20	they're found before they're found
21.	going against a control group, a control	21	innocent. And on top of that, too, in any
22	group of 1,160, if I'm not mistaken, 1,162	22	court in America it's the burden of the
23	people. 99 percent is almost a P value of	23	prosecution to prove that you're guilty, not
24	.01, meaning this is like by far a perfect	24	the defendant to prove himself.
	Page 19		Page 20
1	MS. CARSON: I would add, this	1	things that bother me in this, one, I'm not
2	is not a criminal procedure and it's not a	2	told the type of questions. I remember on
3	civil procedure.	3	this test I had one infectious disease
4	DR. THOMAS: And I understand	4	question where I stared at it for four
5	that but when you're when I'm put on the	5	minutes, literally sitting there staring at
6	spot like this and without giving any	6	it because I have no idea what to do with
7	specific information it's very hard for me to	7	it. Obviously if that falls in the unexposed
8	defend myself. And that's what I'm saying.	8	it's going to increase my time. If it
9	And like I said, if you just look at my score	9	falls and then I have psych questions that
10	reports OB/GYN has always been my weakness.	10	are really fast. I know psych like the back
11	OB/GYN was by far the best lecture that was	11	of my hand. I see a question, I don't need
12	given at Optima. OB/GYN is what I focused on	12	too much time. I know the answer real quick
13	for four-and-a-half weeks, because I knew I	13	and I move forward. If those are all my
14	could pass the exam because I got 74 the time	14	exposed questions it's going lower my time.
15	prior, four months before that. And by	15	So for me I'm not being given
16	just by improving my OB/GYN I increased my	16	enough data here to be able to solidly tell
		4 -7	
17	score.	17	you why my times are different or why they're
17 18	score. Now, I can't I can't account	18	not different, but I can say with firm
17 18 19	score. Now, I can't I can't account for the numbers that were given in terms of	18 19	not different, but I can say with firm firmness that at the end of every block I was
17 18 19 20	Now, I can't I can't account for the numbers that were given in terms of 32 percent. I can't account for the exposed	18 19 20	not different, but I can say with firm firmness that at the end of every block I was rushing, at the end of every block they were
17 18 19 20 21	Now, I can't I can't account for the numbers that were given in terms of 32 percent. I can't account for the exposed or the unexposed. And even in the time	18 19 20 21	not different, but I can say with firm firmness that at the end of every block I was rushing, at the end of every block they were certain maybe three, four, five questions
17 18 19 20 21 22	Now, I can't I can't account for the numbers that were given in terms of 32 percent. I can't account for the exposed or the unexposed. And even in the time session, the times that were given to me was	18 19 20 21 22	not different, but I can say with firm firmness that at the end of every block I was rushing, at the end of every block they were certain maybe three, four, five questions where I picked a letter and just flew through
17 18 19 20 21	Now, I can't I can't account for the numbers that were given in terms of 32 percent. I can't account for the exposed or the unexposed. And even in the time	18 19 20 21	not different, but I can say with firm firmness that at the end of every block I was rushing, at the end of every block they were certain maybe three, four, five questions

5 (Pages 17 to 20)

	Page 21		Page 22
1	obviously the time I took on those questions	1	these questions are questions that I saw.
2	are going to be far less than ten or 15, 20	2	It's impossible. Under oath I can say it
3	seconds because I am rushing through it.	3	here. I can say it and sing it to the stars
4	So I guess my bottom line here	4	come down, but it's impossible. I did admit
5	is very simple, I went to Optima University.	5	there was maybe 20 percent I mean ten
6	I've yet to deny that. I went there and I	6	percent, around 20 questions that I felt that
7	passed because I I perfected my OB/GYN. I	7	they seemed similar to other questions I've
8	went there and I went over material in terms	8	seen elsewhere, but I cannot pinpoint it, if
9	of theory with people who understood	9	it was Optima, or World, or even the NBME
10	OB/GYN better. I was in the course for less	10	self-assessment questions, because students
11	than five weeks, literally November 15th	11	from all over NBME assessment questions
12	is when I found out about the course. I went	12	come out word for word on the test. And
13	into the course and I started I was there	13	that's something that can be asked by any
1.4	every morning from 7:00 a.m. to 10:00 p.m.,	14	just take a survey after the test. There's
15	first one in, last one out. I focused on my	15	five four NBME or five NBME self
16	material. I was out for Thanksgiving. I was	16	assessment tests and of those they are
17	out for Christmas and New and on New	17	questions that come out word for word and
18	Year's was out, but that whole holiday week I	18	either the answer changes a little bit or the
19	was practically I was I was in and out	19	answer stays the same and the question
20	with family. So the amount of time that I	20	changes a little bit, but the same theory is
21	was actual at Optima is very minimal for this	21	there.
22	test exactly specifically.	22	In terms of exposed material,
23	And I can account like I	23	if you look at First Aid, First Aid says that
24	said, there is no way that 32 percent of	24	they come out with their their their
	Page 23		Page 24
1	topics in First Aid based on students coming	1	these questions I did better on or these
2	back and telling them about the exam.	2	questions I did worse on based on the facts.
3	Dr. Goljan from Kaplan and now from Falcon,	3	Unfortunately, I can only give
4	in his audio he says in the first hour his	4	you what I find to be the reasoning as to
5	100-page notes are questions and theories	5	there's a discrepancy. And to me maybe the
6	that come out from students who come and tell	6	expose that they claim is all psych and maybe
7	him what was on the test. Is every single	7	the unexposed is all infectious decease and
8	one of those students being brought here on	8	micro. Without the actual documentation from
9	score validity, every student who went to	9	you I can't give you a firm reason, but I can
10	Kaplan or Falcon? No, they're not. So l	10	give you one firm reason and that is my
11	don't know where the theory becomes comes	11	OB/GYN improved because I had the lectures
12	out because of Optima. I don't know what the	12	and I had students there who knew their
13	personal or or the professional things was	13	OB/GYN. My score reports from the past
14	with them, but I do know one thing, they have	14	four four exams will all show that my
15	yet to been found guilty of the copyright	15	predominately improvement was OB/GYN and the
16	infringement. It's a pending case and the	16	fact I had a 182/74 on my last test just by improving OB/GYN a little bit would have
17	students are the ones suffering for it. And	17	
18 19	I do not have the data to defend myself the	18 19	crossed me over to the pass. I will just see if there's
20	way I would like to defend myself. If you	20	
21	would have shown me, listen, you're	21	anything else I wanted to add. Oh, the other thing I had wanted to just say was this
22	stratified straight across the board, you	22	whole this whole thing about the score
23	were faster here, not faster here, or even show me the questions then I would have no	23	validity, about students who went to Optima,
122		24	if this whole process is about verifying
24	problem either saying, yeah, you know what,		

6 (Pages 21 to 24)

	Page 25		Page 26
1	whether or not students are actually	1	other students about them. They're
2	qualified to practice medicine then it should	2	practicing in residency today and they've yet
3	have been just a blanket statement, if you	3	to be called into validate themselves and
4	went to Optima University you must come in,	4	they are actively treating patients.
5	you must retake the exam, let's leave it at	5	So is this really about score
6	that. Students students who who	6	validity and and making sure that a person
7	there are students who failed multiple times	7	is qualified or is this about just hand-
8	and jumped into 90s who were told they don't	8	picking certain people and making them come
9	have to validate and there are students	9	here and sit here? Because I find that it's
10	they are students, and I can - I can give	10	very unfair that we don't have a blanket
11	those names after off the record, that's not	11	statement. And it's not that hard. There's
12	a problem, there are students who wind up	12	an ECFMG bulletin that goes out about certain
13	jumping a little bit, have to validate one	13	things. They just sent one out about score
14	and not another.	14	the price of the exams going up. There
15	So at the end of the day if	15	was when Optima was sued in March they
16	this is about you went to Optima, therefore,	16	came out with a statement on the web site and
17	you should validate if should be blanket.	17	then later there was a web site two months
18	And if it's about whether or not you're	18	later saying that anyone who went there might
19	qualified to practice to be a student	19	have a delay.
20	qualified to practice medicine, there are	20	So if you have the avenue to
21	students who went to Optima who are in	21	get everyone in here then why isn't it being
22	residency today that I know, either	22	done if it's this is the reason that we're
23	Ms. Carson, or Ms. Deitch, or Trish Weaver,	23	all meeting today? And on top of that, too,
24	they all know who they are. They've asked	24	I was told that people are giving
	Page 27		Page 28
1	information people are giving information	1	environment is something that was very -
2	about me, about other students. When	2	and and I can youch for the environment
3	asked and I asked Ms. Carson is everyone	3	because I started studying with other
4	going to be brought in. She said those who	4	students. I got other students who failed
5	failed at Optima will not be, those who may	5	multiple times to pass by studying with me in
6	have taken the test and passed but there was	6	an environment where they just sat there and
7	no aberration may not be, and those who did	7	just studied all day, 16 hours, and they all
8	better on the unexposed versus the exposed	8	passed after multiple fails.
9	may not have to come in either. But each	9	So it's not about his bank.
10	person is different. If the fact here that	10	It's not about his course. It was about the
11	we went to Optima, we had access to questions	11	environment that was there. It's about the
12	supposedly or allegedly then we should all be	12	students who was helping each other and it
13	sitting here. And for that one reason I find	13	was just about getting this done (sic).
14	that if the Committee is going to do this the	14	So with that said that's all I
15	right way that has to be understood.	15	can say. I cannot - like I said, without
16	Now, I have no problem	16	the the actual data in front of me, the
17	validating my exam in terms of I know I	17	actual type of questions, or the actual extra
18	passed this exam by my own merit. Till this	18	stratification of the exposed versus the
19	day I swear to that and till this day I will	19	exposed I cannot give you a point on point
20	stand by that. OB/GYN was my weakest. That	20	this is way this and this is why that, but I
د. U			•
21	has improved. It's not my strongest by far.	21	can tell you that I was there for four-
	has improved. It's not my strongest by far, it's but it improved from a star on the	21 22	can tell you that I was there for four- and-a-half weeks minimally because of the
21	has improved. It's not my strongest by far, it's but it improved from a star on the left to the middle and that's what crossed me		and-a-half weeks minimally because of the holidays (sic). I was there from 7 in the

7 (Pages 25 to 28)

I			Page 30
	Page 29		
1	Thanksgiving weekend. I was out my	1	was the other thing. In in January of
2	birthday falls around there, too, so I was	2	2009 I did call Ms. Deitch's office and
3	out for my birthday as well. Right around	3	because I had gotten the message that I
4	Christmastime I was out for a day or two and	4	should. Instead of her calling me back she
5	I had gastritis for about five to seven days,	5	had Trish Weaver call me back. Trish Weaver
6	so I was out for a whole week at that time,	6	told me that there was no reason for me to be
7	too.	7	calling. I told her that I went to Optima,
8	So all that can be verified by	8	is there a reason because of that? She said,
9	talking to any student who who was there	9	no, don't worry. I signed up for my Step 3
10	at the time. And I had no exposure to	10	in June, late June or July. As soon as I
1.1	anything else. All I know is I came in. He	11	sent my Step 3 date is when I get the call,
12	gave us a bank. I sat with a friend of	12	oh, you need your score is going to be up
13	mine. All we did was study back and forth.	13	for score validity.
14	We went over the material, we went through	14	DR. LANKFORD: But what are you
15	stuff. His lectures on OB/GYN were perfect	15	doing now?
16	and if you ask any student who sits here	16	DR. THOMAS: Right now what I'm
17	which is his best lecture, OB/GYN by far.	17	doing is I'm working for the City of New York
18	And that's for Step 1 and Step 2. And that's	18	in corporate compliance. I'm an assistant
19	all I can say in my defense. I cannot really	19	for the CCO over there. They handle research
20	say too much more.	20	underneath underneath the compliance
21	DR. LANKFORD: What are you	21	division, so I help in compliance as well as
22	doing right now?	22	research.
23	DR. THOMAS: Right now because	23	DR. WHELAN: Let me respond to
24	of this whole situation oh, that that	24	a few of the things you said.
	Page 31		Page 32
	•		DR. THOMAS: Yes.
1	DR. THOMAS: Sure.	1	DR. WHELAN: Whether or not
2	DR. WHELAN: Because you raised	2	it's resolved is some what moot as opposed to
3	a number of issues.	3	the fact that we know, we have — the
4	DR. THOMAS: Sure. No problem,	4	confiscated files represent actual test
5	sir.	5	data. So we know that it's there. Whether
6	DR. WHELAN: You referenced a	6	we can prove him legally guilty for
7	concern about people who were coming out of	7	compromising that is still a process.
8	the exam and giving information to	8	DR. THOMAS: Okay. Can I just
9	other organizations. That would not be an		rebut to that then? The two problems I have
10	issue of score validity. That would be if	10	with that whether or not you have the
11	the state of the second st		
1	depending on the nature of the information	1	information or not is one. Vou don't know if
12	they gave it would be irregular behavior.	12	information or not is one. You don't know if
12 13	they gave it would be irregular behavior. DR. THOMAS: That's fine.	12 13	information or not is one. You don't know if I had access to that at the time before for
12 13 14	they gave it would be irregular behavior. DR. THOMAS: That's fine. DR. WHELAN: And in cases where	12 13 14	information or not is one. You don't know if I had access to that at the time before for my exam. I took the exam I'm early.
12 13 14 15	they gave it would be irregular behavior. DR. THOMAS: That's fine. DR. WHELAN: And in cases where we've documented that they have been brought	12 13 14 15	information or not is one. You don't know if I had access to that at the time before for my exam. I took the exam I'm early. 2007. It's almost two years ago, two years
12 13 14 15 16	they gave it would be irregular behavior. DR. THOMAS: That's fine. DR. WHELAN: And in cases where we've documented that they have been brought before the appropriate committee, which is	12 13 14 15 16	information or not is one. You don't know if I had access to that at the time before for my exam. I took the exam I'm early. 2007. It's almost two years ago, two years ago and two weeks.
12 13 14 15 16	they gave it would be irregular behavior. DR. THOMAS: That's fine. DR. WHELAN: And in cases where we've documented that they have been brought before the appropriate committee, which is not this committee. That's the CIB	12 13 14 15 16 17	information or not is one. You don't know if I had access to that at the time before for my exam. I took the exam I'm early. 2007. It's almost two years ago, two years ago and two weeks. DR. WHELAN: I'm going to come
12 13 14 15 16 17 18	they gave it would be irregular behavior. DR. THOMAS: That's fine. DR. WHELAN: And in cases where we've documented that they have been brought before the appropriate committee, which is not this committee. That's the CIB committee,	12 13 14 15 16 17 18	information or not is one. You don't know if I had access to that at the time before for my exam. I took the exam I'm early. 2007. It's almost two years ago, two years ago and two weeks. DR. WHELAN: I'm going to come back to that.
12 13 14 15 16 17 18 19	they gave it would be irregular behavior. DR. THOMAS: That's fine. DR. WHELAN: And in cases where we've documented that they have been brought before the appropriate committee, which is not this committee. That's the CIB committee, DR. THOMAS: Okay.	12 13 14 15 16 17 18 19	information or not is one. You don't know if I had access to that at the time before for my exam. I took the exam I'm early. 2007. It's almost two years ago, two years ago and two weeks. DR. WHELAN: I'm going to come back to that. DR. THOMAS: Okay. So so
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12 13 14 15 16 17 18 19 20 21	they gave it would be irregular behavior. DR. THOMAS: That's fine. DR. WHELAN: And in cases where we've documented that they have been brought before the appropriate committee, which is not this committee. That's the CIB committee. DR. THOMAS: Okay. DR. WHELAN: And have been dealt with. Some of those people have been	12 13 14 15 16 17 18 19 20 21	information or not is one. You don't know if I had access to that at the time before for my exam. I took the exam I'm early. 2007. It's almost two years ago, two years ago and two weeks. DR. WHELAN: I'm going to come back to that. DR. THOMAS: Okay. So so there's a discrepancy there as to whether or not he may have had the access, but you
12 13 14 15 16 17 18 19 20 21 22	they gave it would be irregular behavior. DR. THOMAS: That's fine. DR. WHELAN: And in cases where we've documented that they have been brought before the appropriate committee, which is not this committee. That's the CIB committee. DR. THOMAS: Okay. DR. WHELAN: And have been dealt with. Some of those people have been sanctioned. You also made mention about the	12 13 14 15 16 17 18 19 20 21 22	information or not is one. You don't know if I had access to that at the time before for my exam. I took the exam I'm early. 2007. It's almost two years ago, two years ago and two weeks. DR. WHELAN: I'm going to come back to that. DR. THOMAS: Okay. So so there's a discrepancy there as to whether or not he may have had the access, but you don't know that it was in the bank and you
12 13 14 15 16 17 18 19 20 21	they gave it would be irregular behavior. DR. THOMAS: That's fine. DR. WHELAN: And in cases where we've documented that they have been brought before the appropriate committee, which is not this committee. That's the CIB committee. DR. THOMAS: Okay. DR. WHELAN: And have been dealt with. Some of those people have been	12 13 14 15 16 17 18 19 20 21	information or not is one. You don't know if I had access to that at the time before for my exam. I took the exam I'm early. 2007. It's almost two years ago, two years ago and two weeks. DR. WHELAN: I'm going to come back to that. DR. THOMAS: Okay. So so there's a discrepancy there as to whether or not he may have had the access, but you

8 (Pages 29 to 32)

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	Page 33	3	Page 34
1	because he started in March of '07, if I'm	1	test. No one was allowed to take it. It's
2	not mistaken. Within nine months he was	2	kind of the similar situation.
3	focused on Step 1. He had a very skeletal	3	MS, CARSON: If I might
4	Step 2 bank. And unless you can reproduce	4	clarify, Dr. Thomas.
5	the the Step 2 bank itself it's very hard	5	DR. THOMAS: Yes.
6	to say without a shadow of doubt that just	6	MS. CARSON: I referred to the
7	because he had access to the forms that I	7	fact the analyses for you were based on the
8	had.	8	forms of the exam exposed before you tested.
9	Second, if NBME did have	9	I did not identify the point in time in which
10	knowledge that he had certain forms those	10	we learned of those exposures.
11	forms should have been pulled. Those form	11	DR. THOMAS: Okay. But again
12	questions should never have gone out on the	12	~~
13	test questions, because I was told by	13	MS. CARSON: There's a
14	Ms. Carson that we know the forms he had	14	difference.
15	access to, and they were prior to 2007, is	15	DR. THOMAS: But again, when I
16	what she told me. And for me if you know	16	asked for clarification you wouldn't give me
17	that he had certain forms why were they not	17	here nor there, so for me to sit here without
18	pulled as soon as you knew. In in	18	full knowledge I have to say what I feel is
19	pharmacy a couple of years ago there was a	19	relevant and not relevant. Whether or not
20	doctor at St. John's who was getting students	20	there's other pertinent information that you
21	to give him questions. As soon as that was	21	guys are privy to that I'm not that's for you
22	brought to the pharmacy board they stopped	22	guys to decide once you're together, but me
23	all test taking from November till February,	23	sitting here I have to bring forward all my
24	took all the questions out and redid the	24	questions and all my theories behind how
	Page 35		Page 36
1	unfair this whole whole score validity	1	done the Step 2 test?
2	thing is, because again, less than ten	2	
3	percent are questions that I can say that	3	DR. THOMAS: I was already done. Yes, I was.
4	looked similar to me. All the rest of them	4	DR. CASEY: Why were you there
5	were questions that I had to sit and think	5	in 2008 when you took Step 2 in December of
6	about. So I cannot say whether or not those	6	'077
7	forms were brought in after January when he	7	DR. THOMAS: Well, there's two
8	updated his bank and added 700 questions come	8	reasons for that. One is that I was employed
9	March. But I wasn't a student then. I had	9	there as a — as a — I was helping him,
10	already taken my exam.	10	helping him at Optima. At this time there
11	MS. CARSON: How did you know	11	was nothing that was going on with this
12	that then?	12	case. There was no information privy as to
13	DR. THOMAS: That's irrelevant	13	he was under investigation for anything. And
14	right now because I wasn't a student at that	14	second, my girlfriend was there. She was
15	point. And I have friends who were still	15	still studying at the time. And also I had
16	there.	16	friends there. So it's not like I moved out
17	MS. DEITCH: Were you there	17	there. I live in Staten Island and they're
18	when the FBI came in?	18	relatively close.
19	DR. THOMAS: Yes, I was, but	19	DR. CASEY: This is when they
20	not as	20	were in New Jersey?
21	MS. DEITCH: So that was in May	21	DR. THOMAS: In New Jersey.
22	of 2008.	22	When he went to Tennessee I did not go with
23	DR. THOMAS: 2008.	23	him there,
24	MS. DEITCH: You were already	24	4,
V 4 57-8722	The state of the s	~ 1	DR. CASEY: And what was your

9 (Pages 33 to 36)

	Page 37		Page 38
1 .		4	DR. WHELAN: to explain the
1	job?	1 2	variance in performance. So that's the
2	DR. THOMAS: I was just taking	3	reason we're going through a very laborious
3	care of students when they came in,	ł	process, spending a lot of time to try to do
4	registering them, telling them what to do,	4	
5	giving them the that is where you're	5	this as fairly as possible.
6	supposed this is your cubicle. I had	6	DR. THOMAS: I understand that,
7	nothing to do with the material, or teaching,	7	sir. The only problem I have with that is if
8	or anything.	8	the whole point of this is that the USMLE
9	DR. WHELAN: The last general	9	and according to the the bulletin, just so
10	comment that I'd respond to you. You said	10	I can quote it you, on the on the
11	either we should just invalidate anybody who	11	paperwork that was filed with the court "The
12	had anything to do with Optima or just bring	12	USMLE examination is integral to each state's
13	everybody in. And the whole purpose of the	13	effort to ensure that only competent and
14	fact that there's a committee here is that	14	qualified individuals are licensed to
15	we're not using just the statistical	15	practice medicine." If there is a question
16	analysis. If that were the case we would put	16	of score validity for any student who went
17	it into a computer and send out letters to	17	through Optima and there are Optima students
18	people.	18	who are in residency today practicing on
19	DR. THOMAS: I understand.	19	individuals, meaning actual treating them, it
20	DR. WHELAN: But we understand	20	would be imperative that they would be the
21	there are different circumstances. And	21	first ones called to sit in this chair today
22	you're raising some that we're going to	22	and say this is your score.
23	seriously consider	23	DR. WHELAN: No, that would not
24	DR. THOMAS: Okay.	24	be the criteria. The criteria would be them
	Page 39		Page 40
1	demonstrating	1	not. I mean obviously Ms. Carson and
2	DR. THOMAS: They're	2	Mr. Deitch know that I was working there. It
3	performance I know by fact the performance	3	was brought up to me in a conversion with
4	on a handful of those doctors who failed	4	Ms. Carson. But again, that's total
5	before they came to Optima and wind up in the	5	
6	90s, so jumping up 20 plus points. If that's	1	irrelevant to whether or not my score is
		6	irrelevant to whether or not my score is valid because it was post exam. So so
1	not an indicator indication that they	6	valid because it was post exam. So so
7	not an indicator indication that they	1	valid because it was post exam. So so they've they've never asked me, you know,
7 8	not an indicator indication that they should have been had an analysis done then	7 8	valid because it was post exam. So so they've they've never asked me, you know, do you know a list of students, do you know
7 8 9	not an indicator indication that they should have been had an analysis done then we have an issue when I just jump from a 74	7	valid because it was post exam. So so they've they've never asked me, you know, do you know a list of students, do you know anything? They've never asked me that. But
7 8 9 10	not an indicator indication that they should have been had an analysis done then we have an issue when I just jump from a 74 to an 86.	7 8 9 10	valid because it was post exam. So so they've they've never asked me, you know, do you know a list of students, do you know anything? They've never asked me that. But they have knowledge that I did work there.
7 8 9 10 11	not an indicator indication that they should have been had an analysis done then we have an issue when I just jump from a 74 to an 86. MS. CARSON: Any individual is	7 8 9 10 11	valid because it was post exam. So so they've they've never asked me, you know, do you know a list of students, do you know anything? They've never asked me that. But they have knowledge that I did work there. So when that situation comes up we'll deal
7 8 9 10 11 12	not an indicator indication that they should have been had an analysis done then we have an issue when I just jump from a 74 to an 86. MS. CARSON: Any individual is free to share with us information that	7 8 9 10 11 12	valid because it was post exam. So so they've they've never asked me, you know, do you know a list of students, do you know anything? They've never asked me that. But they have knowledge that I did work there. So when that situation comes up we'll deal with it there. For me personally right now
7 8 9 10 11 12 13	not an indicator indication that they should have been had an analysis done then we have an issue when I just jump from a 74 to an 86. MS. CARSON: Any individual is free to share with us information that DR. THOMAS: I understand that,	7 8 9 10 11 12 13	valid because it was post exam. So so they've they've never asked me, you know, do you know a list of students, do you know anything? They've never asked me that. But they have knowledge that I did work there. So when that situation comes up we'll deal with it there. For me personally right now if this was about validating people who went
7 8 9 10 11 12 13	not an indicator indication that they should have been had an analysis done then we have an issue when I just jump from a 74 to an 86. MS. CARSON: Any individual is free to share with us information that DR. THOMAS: I understand that, but I have to	7 8 9 10 11 12 13	valid because it was post exam. So so they've they've never asked me, you know, do you know a list of students, do you know anything? They've never asked me that. But they have knowledge that I did work there. So when that situation comes up we'll deal with it there. For me personally right now if this was about validating people who went to Optima, and they are people who went there
7 8 9 10 11 12 13 14 15	not an indicator indication that they should have been had an analysis done then we have an issue when I just jump from a 74 to an 86. MS. CARSON: Any individual is free to share with us information that DR. THOMAS: I understand that, but I have to MS. CARSON: available to	7 8 9 10 11 12 13 14 15	valid because it was post exam. So so they've they've never asked me, you know, do you know a list of students, do you know anything? They've never asked me that. But they have knowledge that I did work there. So when that situation comes up we'll deal with it there. For me personally right now if this was about validating people who went to Optima, and they are people who went there who are practicing, I would think that they
7 8 9 10 11 12 13 14 15 16	not an indicator indication that they should have been had an analysis done then we have an issue when I just jump from a 74 to an 86. MS. CARSON: Any individual is free to share with us information that DR. THOMAS: I understand that, but I have to MS. CARSON: available to us.	7 8 9 10 11 12 13 14 15	valid because it was post exam. So — so they've — they've never asked me, you know, do you know a list of students, do you know anything? They've never asked me that. But they have knowledge that I did work there. So when that situation comes up we'll deal with it there. For me personally right now if this was about validating people who went to Optima, and they are people who went there who are practicing, I would think that they should be sharing a seat here just as I am
7 8 9 10 11 12 13 14 15 16 17	not an indicator indication that they should have been had an analysis done then we have an issue when I just jump from a 74 to an 86. MS. CARSON: Any individual is free to share with us information that DR. THOMAS: I understand that, but I have to MS. CARSON: available to us. DR. WHELAN: I first want to	7 8 9 10 11 12 13 14 15 16 17	valid because it was post exam. So — so they've — they've never asked me, you know, do you know a list of students, do you know anything? They've never asked me that. But they have knowledge that I did work there. So when that situation comes up we'll deal with it there. For me personally right now if this was about validating people who went to Optima, and they are people who went there who are practicing, I would think that they should be sharing a seat here just as I am here today. It should not make a difference
7 8 9 10 11 12 13 14 15 16 17	not an indicator indication that they should have been had an analysis done then we have an issue when I just jump from a 74 to an 86. MS. CARSON: Any individual is free to share with us information that DR. THOMAS: I understand that, but I have to MS. CARSON: available to us. DR. WHELAN: I first want to sit here and figure figure out what's	7 8 9 10 11 12 13 14 15 16 17	valid because it was post exam. So so they've they've never asked me, you know, do you know a list of students, do you know anything? They've never asked me that. But they have knowledge that I did work there. So when that situation comes up we'll deal with it there. For me personally right now if this was about validating people who went to Optima, and they are people who went there who are practicing, I would think that they should be sharing a seat here just as I am here today. It should not make a difference whether or not I'm not in residency now.
7 8 9 10 11 12 13 14 15 16 17 18	not an indicator indication that they should have been had an analysis done then we have an issue when I just jump from a 74 to an 86. MS. CARSON: Any individual is free to share with us information that DR. THOMAS: I understand that, but I have to MS. CARSON: available to us. DR. WHELAN: I first want to sit here and figure figure out what's going to happen with me before I start	7 8 9 10 11 12 13 14 15 16 17 18	valid because it was post exam. So so they've they've never asked me, you know, do you know a list of students, do you know anything? They've never asked me that. But they have knowledge that I did work there. So when that situation comes up we'll deal with it there. For me personally right now if this was about validating people who went to Optima, and they are people who went there who are practicing, I would think that they should be sharing a seat here just as I am here today. It should not make a difference whether or not I'm not in residency now. That's just just a personal opinion. I
7 8 9 10 11 12 13 14 15 16 17 18 19 20	not an indicator indication that they should have been had an analysis done then we have an issue when I just jump from a 74 to an 86. MS. CARSON: Any individual is free to share with us information that DR. THOMAS: I understand that, but I have to MS. CARSON: available to us. DR. WHELAN: I first want to sit here and figure figure out what's going to happen with me before I start whistle-blowing on other people. I think	7 8 9 10 11 12 13 14 15 16 17 18 19 20	valid because it was post exam. So so they've they've never asked me, you know, do you know a list of students, do you know anything? They've never asked me that. But they have knowledge that I did work there. So when that situation comes up we'll deal with it there. For me personally right now if this was about validating people who went to Optima, and they are people who went there who are practicing, I would think that they should be sharing a seat here just as I am here today. It should not make a difference whether or not I'm not in residency now. That's just just a personal opinion. I mean you guys take from that what you will,
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	not an indicator indication that they should have been had an analysis done then we have an issue when I just jump from a 74 to an 86. MS. CARSON: Any individual is free to share with us information that DR. THOMAS: I understand that, but I have to MS. CARSON: available to us. DR. WHELAN: I first want to sit here and figure figure out what's going to happen with me before I start whistle-blowing on other people. I think this is whether giving my information or	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	valid because it was post exam. So so they've they've never asked me, you know, do you know a list of students, do you know anything? They've never asked me that. But they have knowledge that I did work there. So when that situation comes up we'll deal with it there. For me personally right now if this was about validating people who went to Optima, and they are people who went there who are practicing, I would think that they should be sharing a seat here just as I am here today. It should not make a difference whether or not I'm not in residency now. That's just just a personal opinion. I mean you guys take from that what you will, but I just you know, the scope of this is
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	not an indicator indication that they should have been had an analysis done then we have an issue when I just jump from a 74 to an 86. MS. CARSON: Any individual is free to share with us information that DR. THOMAS: I understand that, but I have to MS. CARSON: available to us. DR. WHELAN: I first want to sit here and figure figure out what's going to happen with me before I start whistle-blowing on other people. I think this is whether giving my information or not should be totally separate from here.	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	valid because it was post exam. So so they've they've never asked me, you know, do you know a list of students, do you know anything? They've never asked me that. But they have knowledge that I did work there. So when that situation comes up we'll deal with it there. For me personally right now if this was about validating people who went to Optima, and they are people who went there who are practicing, I would think that they should be sharing a seat here just as I am here today. It should not make a difference whether or not I'm not in residency now. That's just just a personal opinion. I mean you guys take from that what you will, but I just you know, the scope of this is we're being told this is being done to
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	not an indicator indication that they should have been had an analysis done then we have an issue when I just jump from a 74 to an 86. MS. CARSON: Any individual is free to share with us information that DR. THOMAS: I understand that, but I have to MS. CARSON: available to us. DR. WHELAN: I first want to sit here and figure figure out what's going to happen with me before I start whistle-blowing on other people. I think this is whether giving my information or	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	valid because it was post exam. So so they've they've never asked me, you know, do you know a list of students, do you know anything? They've never asked me that. But they have knowledge that I did work there. So when that situation comes up we'll deal with it there. For me personally right now if this was about validating people who went to Optima, and they are people who went there who are practicing, I would think that they should be sharing a seat here just as I am here today. It should not make a difference whether or not I'm not in residency now. That's just just a personal opinion. I mean you guys take from that what you will, but I just you know, the scope of this is

10 (Pages 37 to 40)

			m 40
	Page 41		Page 42
1	people who also were sitting with us in our	1	DR. THOMAS: They're in the
2	cubicles at the center are practicing today	2	books. The first time I took it I totally
3	and to say that they're because they're	3	was not ready for it. I just took it because
4	already practicing they're qualified and	4	I had paid for it. And then consecutively I
5	because we're not and we took the same	5	jumped from a 161 to a 172. That was over a
6	course, the same test, the same everything,	6	year-and-a-half later.
7	you know, there's there's a tint of	7	MR. SEELING: I'm sorry. I'm
8	discrimination there in terms of, well,	8	asking about Step 1.
9	you're already there or you're no, so let's	9	DR. THOMAS: Oh, Step 1.
10	go after you first instead of leave them for	10	MR. SEELING: I apologize. I'm
1.1	later. And	11	asking about your Step 1 testing experience.
12	MR. SEELING: Doctor, let me	12	DR. THOMAS: Step 1 Step 1 I
13	change the direction. You're obviously	13	actually failed it multiple times as well.
14	ECFMG certified -	14	I'm not a test taker. I had a 100 point
15	DR. THOMAS: Yes, I am	15	something GPA in high school and I couldn't
16	MR. SEELING: - and registered	16	even break a 1200 on my SATs. I've never
17	for Step 3. Step 2 CK, what was your passing	17	been a test taker. Standardized testing and
18	score and how many attempts did you have	18	theory testing in class is totally two
19	before you passed?	19	different things for me.
20	DR. THOMAS: On my sixth	20	MS. CARSON: I believe the exam
21	attempt, so I had five attempt before. My	21	records shows a passing score of 184/75 on
22	scores	22	the seventh attempt.
	MC DEFECTIVE Threshop in course	23	DR. THOMAS: Seventh attempt.
23	MS. DEITCH: They're in your	23	
23 24	books.	24	DR. WHELAN: Your comments
		1	
24	books. Page 43	24	DR. WHELAN: Your comments
24	books. Page 43 about the fact that it was a skeletal	1	DR. WHELAN: Your comments Page 4 access. I'm just there. A new student comes
1 2	books. Page 43 about the fact that it was a skeletal DR. THOMAS: Program.	24	DR. WHELAN: Your comments Page 4 access. I'm just there. A new student comes in, get his name, tell him this is where
1 2 3	books. Page 43 about the fact that it was a skeletal DR. THOMAS: Program. DR. WHELAN: program with	1 2 3	DR. WHELAN: Your comments Page 4 access. I'm just there. A new student comes in, get his name, tell him this is where you're going to sit, this is what you're
1 2 3 4	about the fact that it was a skeletal DR. THOMAS: Program. DR. WHELAN: program with respect to CK and that there was an infusion	1 2	DR. WHELAN: Your comments Page 4 access. I'm just there. A new student comes in, get his name, tell him this is where you're going to sit, this is what you're supposed to do, this is access to the bank,
1 2 3 4 5	about the fact that it was a skeletal DR. THOMAS: Program. DR. WHELAN: program with respect to CK and that there was an infusion of test items in March of	1 2 3 4	DR. WHELAN: Your comments Page 4 access. I'm just there. A new student comes in, get his name, tell him this is where you're going to sit, this is what you're supposed to do, this is access to the bank, once you get into the bank do 100 questions.
1 2 3 4 5	about the fact that it was a skeletal DR. THOMAS: Program. DR. WHELAN: program with respect to CK and that there was an infusion of test items in March of DR. THOMAS: '98.	1 2 3 4 5	DR. WHELAN: Your comments Page 4 access. I'm just there. A new student comes in, get his name, tell him this is where you're going to sit, this is what you're supposed to do, this is access to the bank, once you get into the bank do 100 questions day, make sure you cover the same questions each day until you get 100 new questions.
1 2 3 4 5 6 7	about the fact that it was a skeletal DR. THOMAS: Program. DR. WHELAN: program with respect to CK and that there was an infusion of test items in March of DR. THOMAS: '98. DR. WHELAN: '08, is that	1 2 3 4 5 6	DR. WHELAN: Your comments Page 4 access. I'm just there. A new student comes in, get his name, tell him this is where you're going to sit, this is what you're supposed to do, this is access to the bank, once you get into the bank do 100 questions day, make sure you cover the same questions each day until you get 100 new questions. And I instructed them on what the — what the
1 2 3 4 5 6 7 8	about the fact that it was a skeletal DR. THOMAS: Program. DR. WHELAN: program with respect to CK and that there was an infusion of test items in March of DR. THOMAS: '98. DR. WHELAN: '08, is that based on your experience working there and	1 2 3 4 5 6 7	DR. WHELAN: Your comments Page 4 access. I'm just there. A new student comes in, get his name, tell him this is where you're going to sit, this is what you're supposed to do, this is access to the bank, once you get into the bank do 100 questions day, make sure you cover the same questions each day until you get 100 new questions. And I instructed them on what the — what the
1 2 3 4 5 6 7 8	about the fact that it was a skeletal DR. THOMAS: Program. DR. WHELAN: program with respect to CK and that there was an infusion of test items in March of DR. THOMAS: '98. DR. WHELAN: '08, is that based on your experience working there and having	1 2 3 4 5 6 7 8	DR. WHELAN: Your comments Page 4 access. I'm just there. A new student comes in, get his name, tell him this is where you're going to sit, this is what you're supposed to do, this is access to the bank, once you get into the bank do 100 questions day, make sure you cover the same questions each day until you get 100 new questions. And I instructed them on what the — what the game plan is going forward. In terms of the
1 2 3 4 5 6 7 8	about the fact that it was a skeletal DR. THOMAS: Program. DR. WHELAN: program with respect to CK and that there was an infusion of test items in March of DR. THOMAS: '98. DR. WHELAN: '08, is that based on your experience working there and having DR. THOMAS: Well, when I was	1 2 3 4 5 6 7 8 9	DR. WHELAN: Your comments Page 4 access. I'm just there. A new student comes in, get his name, tell him this is where you're going to sit, this is what you're supposed to do, this is access to the bank, once you get into the bank do 100 questions day, make sure you cover the same questions each day until you get 100 new questions. And I instructed them on what the — what the game plan is going forward. In terms of the material that came in or not, I don't know.
1 2 3 4 5 6 7 8 9	about the fact that it was a skeletal DR. THOMAS: Program. DR. WHELAN: program with respect to CK and that there was an infusion of test items in March of DR. THOMAS: '98. DR. WHELAN: '08, is that based on your experience working there and having DR. THOMAS: Well, when I was there like I said, I only came in for a	1 2 3 4 5 6 7 8 9	DR. WHELAN: Your comments Page 4 access. I'm just there. A new student comes in, get his name, tell him this is where you're going to sit, this is what you're supposed to do, this is access to the bank, once you get into the bank do 100 questions day, make sure you cover the same questions each day until you get 100 new questions. And I instructed them on what the — what the game plan is going forward. In terms of the material that came in or not, I don't know. That's why I cannot — still cannot say what — what kind of questions they are or
1 2 3 4 5 6 7 8 9 10	about the fact that it was a skeletal DR. THOMAS: Program. DR. WHELAN: program with respect to CK and that there was an infusion of test items in March of DR. THOMAS: '98. DR. WHELAN: '08, is that based on your experience working there and having DR. THOMAS: Well, when I was	1 2 3 4 5 6 7 8 9 10	DR. WHELAN: Your comments Page 4 access. I'm just there. A new student comes in, get his name, tell him this is where you're going to sit, this is what you're supposed to do, this is access to the bank, once you get into the bank do 100 questions day, make sure you cover the same questions each day until you get 100 new questions. And I instructed them on what the — what the game plan is going forward. In terms of the material that came in or not, I don't know. That's why I cannot — still cannot say what — what kind of questions they are or whether they're questions that came on my
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11 (Pages 41 to 44)

١,			Page 46
1 1	Page 45		
1	DR. THOMAS: St. Christopher's	1	making phone calls. The summer came around.
2	I graduated in '03.	2	I wound up getting sidetracked with other
3	DR. CASEY: Did you	3	things. And then the long story short is
4	DR. THOMAS: I graduated in	4	that I put it off. I put it off at that
5	2003, yes.	5	point because the scramble itself is so
6	MR. SEELING: Your diploma is	6	discouraging in terms of not even getting a
7	from St. Chris?	7	call back, not even getting through, that I
8	DR, THOMAS: St. Christopher's,	8	wasn't sure what I was going to do. Again, I
9	yes.	9	started studying for Step 3. And this year I
1.0	DR. CASEY: And why did you not	10	thought I was going to be ready. I
11	attempt Step 3 shortly after	11	registered for it in June, because I wasn't
12	DR. THOMAS: After Step 2?	12	about to fail Step 3 like I did with 1 and 2.
13	DR. CASEY: Yeah. I mean you	1.3	Everyone told me you must pass Step 3 first
14	thought you passed. Did you apply for	14	attempt. January of this year actually I was
15	residency?	15	doing observership in Staten Island in psych
16	DR. THOMAS: What happened	16	and I was studying for my Step 3 concurrently
17	was - obviously match is about two months	17	and as soon as I registered for Step 3 that's
18	after that. So the January, February time I	18	when I got the letter sent.
19	was getting all my paperwork together. I	19	MR. SEELING: Doctor, are you
20	went through the scramble in March of 2008,	20	participating in the 2010 ERAS?
21	did not get any interviews, couldn't even get	21	DR. THOMAS: I could not
22	through on the phone to anybody. Then you	22	because of this whole my scores were not
23	have that post scramble period whether you're	23	going to be - they weren't going to be
24	still trying to make connections, so I was	24	released to anybody, so I couldn't do
	Page 47		Page 48
١.	anything. I couldn't apply and waste \$3,000	1	herniated discs. Ross University is in Port
1	anything, I couldn't apply and waste \$5,000		
1 2	and it was brown		Smith Dominica and the nearest hospital that
2	on it, you know.	2	Smith, Dominica and the nearest hospital that
3	on it, you know. MS. CARSON: I'm curious. As I	2	Smith, Dominica and the nearest hospital that has any physical therapy is in Roseua, which
3	on it, you know. MS. CARSON: I'm curious. As I gathered from the applications you submitted	2 3 4	Smith, Dominica and the nearest hospital that has any physical therapy is in Roseua, which is about an hour-and-a-half away. The road
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3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	on it, you know. MS. CARSON: I'm curious. As I gathered from the applications you submitted you attended Ross from 1999 DR. THOMAS: To 2000. MS. CARSON: to 2000. And then St. Matthew's from 2000 to 2001. DR. THOMAS: That's correct. MS. CARSON: And then St. Christopher's from 2002 to 2003. DR. THOMAS: 2003. That's correct. MS. CARSON: Can you give us a little information about that? DR. THOMAS: Basically in November of 2000 when did 1 leave Ross? 2000? MS. CARSON: It looks like August of 2000. DR. THOMAS: August of 2000.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Smith, Dominica and the nearest hospital that has any physical therapy is in Roseua, which is about an hour-and-a-half away. The road from there to there is like any island is very bumpy, which didn't do any better. I go get the treatment and come back and it was a mess. So in September of 2000 after I finished my second semester there I had the opportunity to transfer to St. Matthew's, which I did. St. Matthew's, I finished my semesters over there. They had the big hurricane where we got transferred over to Orlando. After Orlando we went to Maine. I finished my basic sciences in Maine. I went to England for three months to do my clinical rotations. That's when 9/11 happened. So I was actually in Manchester, England when 9/11 happened here. My entire family is from downtown New York. My dad works downtown. My sister went to NYU. So for me for for

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1	you want to transfer to us at that time	1	Senegal. Actual their charter - their
2	St. Matthew's was going there a whole	2	satellite school is in Luten, England for the
3	problem. This is when they were still in	3	basic sciences. So that's the school we went
4	Belize, so they were going through a whole	4	through.
5	takeover process in terms of Dr. Thornton and	5	MR. SEELING: Right. In Luten.
6	I forget - the Serslands. They were	6	DR. THOMAS: In Luten. And
7	fighting for control. And St. Christopher's	7	since then St. Christophers actually went
8	is actually a new and upcoming thing under	8	downwards and St. Matthew's moved to the
9	Dr. Leoni. Dr. Leoni called me and said,	9	Caymans and has probably become the number
10	listen, if you transfer to us we'll put you	10	three or number four school. So it was just
11	back in New York next month. For me it	11	ironic the way it happened. Yeah, it's a
12	was it was an easy. St. Matthew's was	12	whole I mean ECFMG would know better about
13	having - I mean people with military guns	13	the history on that end, but so I had
14	were coming on the campus. I didn't know	14	justified reasons for transferring. It
15	which way they were going to go. So I took	15	wasn't because I failed out of any of them.
16	the transfer, came back to the to the	16	I transferred because I made choices in my
17	came back to the states, started my rotations	17	life that I felt were the best choices for my
18	in Atlanta, came back up, did my rotations in	18	situation at the time. And I have copies
19	Connecticut for a full period and then went	19	of except for my first semester in in
20	to North Port and finished up my clinical	20	Dominica, which was my break out of my shell
21	rotations.	21	semester where I was goofing off too much
22	MR. SEELING: So you never went	22	every other semester I have my scores, high
23	to Senegal?	23	passes in my in my rotations, high passes
24	DR. THOMAS: I never went to	24	in my pathology and clinicals.
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1	Like I said, my scores are	1	certain areas that will tell you why you need
2	fine, but I'm not a test taker. And I have	2	to think, like stop over analyzing, stop
3	all those original documents with me if you	3	doing that.
4	need them.	4	DR. WHELAN: Were there OB/GYN
5	DR. WHELAN: Let me just ask	5	questions in Optima test bank?
6	you one last question about your time at	6	DR. THOMAS: I believe, yes.
7	Optima	7	There were questions for all all things,
8	DR. THOMAS: Yes, sir.	8	all all areas across the board were
9	DR. WHELAN: as a student.	9	scattered in in his bank.
10	DR. THOMAS: Yes.	10	MS. DEITCH: Dr. Thomas, first
11	DR. WHELAN: Did I understand	11	of all, I can tell you're frustrated and I
12	you to say that were maintaining that you	12	emphasize with you. I want to address your
13	primarily spent your time on OB/GYN?	13	feeling of the fairness of all of this and
14	DR. THOMAS: No, I covered all	14	why some people have not been called in.
15	the material because, you know, I'm still	15	DR. THOMAS: Sure.
16	studying for the test, but my weakest by far,	16	MS. DEITCH: The charge of this
17	and I knew that based on my last two scores,	17	committee is to make a decision about whether
18	was OB/GYN. OB/GYN was just a topic I could	18	the pass/fail is accurate.
19	not understand. Like I could — I can break	19	DR. THOMAS: Okay.
20	down the the stages of labor, but when put	20	MS. DEITCH: If an individual
21	into question form I was missing certain	21	that we know went to Optima, took an exam,
22	things. So me and my friend, actually we did	22	let's say they ten percent exposure, we look
23	USMLEWorld together as well. We wrote down	23	at their performance and we say, well, what
	SERVED TO CHARGE CHICA 49 MCH. MC MICHE HOME	444	at their beliefination and we say, well, what
24	questions. And he told me, listen, these are	24	if they missed every single one of these

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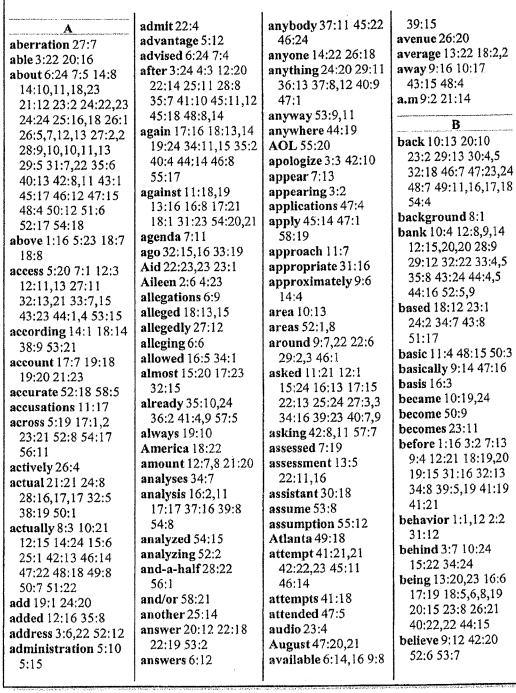
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1	exposed questions, who they still have	1	to Optima. Yes?
2	passed? If the answer to that is yes, why	2	MS. DEITCH: Yes.
3	would we bring them here?	3	DR. THOMAS: So the cornerstone
4	DR. THOMAS: If if ten	4	goes back to it is because I went to Optima.
5	percent?	5	MS. DEITCH: Well, it's Optima
6	MS. DEITCH: If every question	6	pluses.
7	we believe was exposed at Optima, we said	7	DR. THOMAS: So then the
8	let's just assume they failed, they would	8	question is have you done an analysis on
9	have failed them anyway, those questions,	9	every single student who went to Optima?
10	they were all failures and they passed	10	MS. DEITCH: That we know of.
11	anyway, should they be here for the validity	11	DR. THOMAS: That you know of,
12	of their pass/fail?	12	but one blanket statement on your web site
13	DR. THOMAS: If the cornerstone	13	will say every student who went there must
14	of this is the fact that they went to Optima	14	send themselves in to have their scores
15	and they had access to exposed questions they	15	validated or to have their scores analyzed is
16	should still be here.	16	all you have to do. And that's just
17	MS, DEITCH: But that's not the	17	that's just across the board. For me it's
18	cornerstone. The cornerstone is whether we	18	about me sitting here. I know I passed
19	have a valid pass.	19	because I passed. And I have a 66 percent on
20	DR. THOMAS: Well, if you gave	20	my unexposed, so if you take that 66 against
21	me if you gave me the pass score according	21	the put that against the exposed as well
22	to bulletin every single okay. Let's put	22	it still would have been a passing score,
23	it this way. The only reason why my score	23	because
24	my exam was even checked was because I went	24	MS. CARSON: We do want to stay
	Page 55		Page 56
1	focused. Each case is idiosyncratic. But I	1	and-a-half weeks. And on the flip side of
2	think it's important to stay focused on your	2	that is if if I'm going through this
3	case.	3	because I went to Optima I just think it's
4	DR. THOMAS: Yeah. So if you	4	only fair and right that every student who
5	take the 66 percent of my unexposed I still	5	went to there should be seating in this seat
6	would have been at the 75 pass rate. And	6	as well. And that's just my two issues. I
7	I've done that by just just 65 percent	7	mean like I said, one has nothing to do with
8	is usually what people say is a pass. Now I	8	the other, but I think me sitting here today
0	is usually what people say is a pass. Now I	9	I should bring that up to the Committee
Δ.			
9	don't know what the the hallmark rule is	110	hecause obviously you guys are determining
10	for the NBME. Is it 66 or 67 or you need two	10	because obviously you guys are determining
10 11	for the NBME. Is it 66 or 67 or you need two thirds? I don't know how it is, but my	11	because obviously you guys are determining the score validity across the board. So for
10 11 12	for the NBME. Is it 66 or 67 or you need two thirds? I don't know how it is, but my assumption would be that 66 percent seems to	11 12	because obviously you guys are determining the score validity across the board. So for me that is an issue.
10 11 12 13	for the NBME. Is it 66 or 67 or you need two thirds? I don't know how it is, but my assumption would be that 66 percent seems to be a high enough number to at least get to 75	11 12 13	because obviously you guys are determining the score validity across the board. So for me that is an issue. MR. SEELING: Doctor, I think
10 11 12 13 14	for the NBME. Is it 66 or 67 or you need two thirds? I don't know how it is, but my assumption would be that 66 percent seems to be a high enough number to at least get to 75 and say that I passed the exam. I mean that	11 12 13 14	because obviously you guys are determining the score validity across the board. So for me that is an issue. MR. SEELING: Doctor, I think we understand your position.
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10 11 12 13 14 15 16	for the NBME. Is it 66 or 67 or you need two thirds? I don't know how it is, but my assumption would be that 66 percent seems to be a high enough number to at least get to 75 and say that I passed the exam. I mean that would be my personal opinion. You guys would know better. But I mean for me — like I said, again, there's two issues for me. One	11 12 13 14 15 16	because obviously you guys are determining the score validity across the board. So for me that is an issue. MR. SEELING: Doctor, I think we understand your position. DR. THOMAS: Yes. DR. WHELAN: All right. Are there any other questions? Any final
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1 174 to 182. I wasn't at a course like that. 2 I was just studying. My weakness was 3 OB/GYN. If you look at my score report the 4 break-down you'll see, OB/GYN star, star. It 5 went up. That up would have already got the 6 180/75 I needed to pass. And at this point 7 in time that's all I'm asking. Now if I have 8 to validate I just hope that you guys can 9 make a decision. Let me know soon so that I 10 can study because I want to take 2 and take 3 11 and try to do some observerships and try to 12 get into residency. That's all. 13 DR. WHELAN: All right. Well, 14 thank you. 15 DR. THOMAS: Thank you very 16 much everyone for your time. 17 (Whereupon, the inquiry 18 concluded at 2:52 p.m.) 19 20 21 22 23 24	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	CERTIFICATION I, Joseph P. Dromgoole, Professional Reporter and Notary Public for the State of Pennsylvania, do hereby certify the forgoing to be a true and accurate transcript of my original stenographic notes taken at the time and place hereinbefore set forth. Joseph P. Dromgoole Professional Court Reporter Notary Public (My commission expires June of 2010) Date: (The foregoing certification of this transcript does not apply to any reproduction of the same by any means, unless under the direct control and/or supervision of the certifying reporter.)	The state of the s
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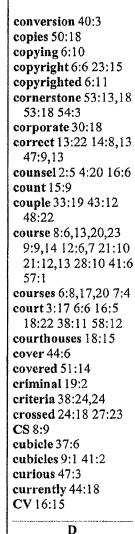


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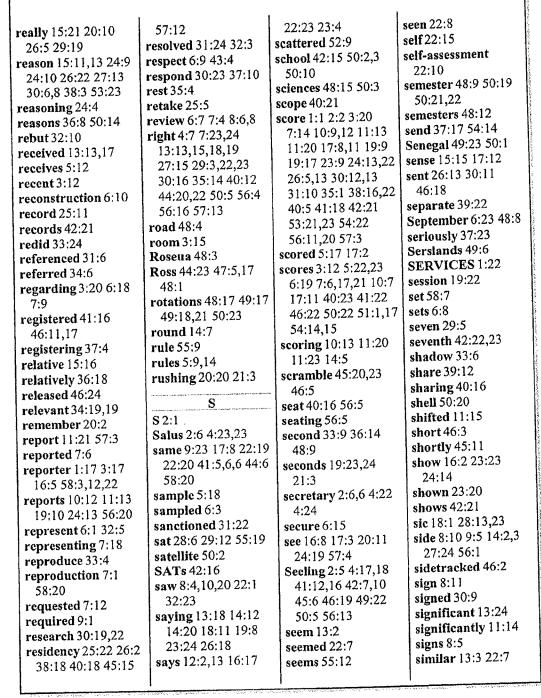
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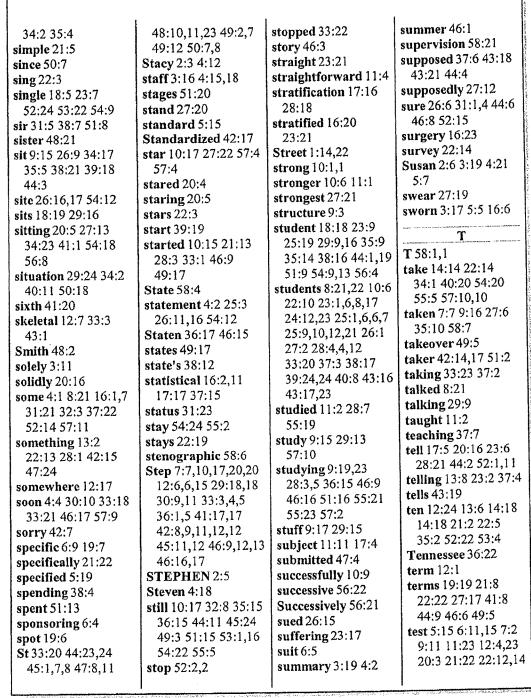
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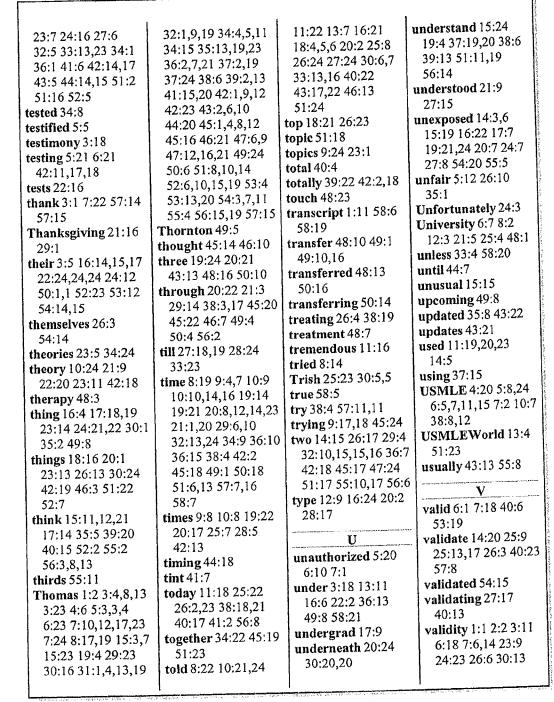
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